

PRE-DEVELOPMENT REVIEW
Submittal Form



To be filled out by submitter:

Contact Information

Developer:

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Cell Ph: _____
Email: _____

Owner:

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Cell Ph: _____
Email: _____

Other: _____

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
Fax: _____
Cell Ph: _____
Email: _____

Property Information

Property address (or range of addresses): _____

Block and lot Number(s): _____

Total site area (sq. ft.): _____

Existing conditions (check all that apply):

- ☐ Residential: Number of residential parcels: _____
Number of dwelling units: _____
Number of occupied dwelling units: _____
- ☐ Commercial: Number of commercial buildings: _____
Total commercial square footage: _____
Total occupied/leased commercial square footage: _____
- ☐ Industrial: Number of industrial buildings: _____
Total industrial square footage: _____
Total occupied/leased commercial square footage: _____
- ☐ Parking Number of parcels: _____ # of spaces: _____
- ☐ Vacant lot Number of parcels: _____
- ☐ Open/Other Number of parcels: _____

Project Information (Attach - Project Summary, Site History **AND** Proposal)

Project Name: _____

- ☐ Rehabilitation (Number of structures: _____)
- ☐ Demolition (Number of structures: _____)
- ☐ Area of disturbance (Proposed total sq ft: _____)

Type/Size:

- ☐ Residential (Percent of project: _____)
Estimated number of single family dwelling units: _____
Estimated number of multi-family dwelling units: _____ (Number of units: row/townhouse _____ condo _____ apt _____)
☐ Dormitory ☐ Senior/Assisted Housing ☐ Group Home
- ☐ Commercial (Percent of project: _____)
Square footage: _____
Use (eg. Office, hotel, retail): _____
- ☐ Industrial (Percent of project: _____)
Square footage: _____
Use (eg. Factory, transportation, warehousing): _____

Parking Provision:

- ☐ Off-street Surface ☐ Off-street Structure ☐ Garage ☐ On-street Estimated # of spaces: _____

Funding Sources Sought:

- ☐ City of Baltimore (Percent of project: _____) ☐ Federal (Percent of project: _____)
Type/name: _____ Type/name: _____
- ☐ State of Maryland (Percent of project: _____) ☐ Private (Percent of project: _____)
Type/name: _____ Type/name: _____

Name of submitter: _____

Date of submission: _____

Note: Bring property location maps or block plats and other additional pertinent information to the pre-development review meeting. At the pre-development meeting the applicant will be given the appropriate staff contact person's name & phone number for the next scheduled meeting. If you have questions regarding this form, please contact Mr. Wolde Ararsa, Land Use and Urban Design Division, at 410-396-4488.

To be filled out by staff:

Location Planning District(s): _____ City Council District(s): _____ Neighborhood(s): _____ <input type="checkbox"/> In a Neighborhood Plan (Name: _____) <input type="checkbox"/> Near future or existing transit station (Name: _____): <input type="checkbox"/> Within ¼ mile <input type="checkbox"/> Within ½ mile <input type="checkbox"/> Along Bike Plan Route
Current zoning: _____ Additional Information (check all that apply): <input type="checkbox"/> URP (Name: _____) <input type="checkbox"/> PUD (Name: _____) <input type="checkbox"/> Rezoned (From: _____) <input type="checkbox"/> Parking lot district (Name: _____) <input type="checkbox"/> MIZOD
Historic Preservation Information <input type="checkbox"/> Rehabilitation (Number of structures: _____) <input type="checkbox"/> Demolition (Number of structures: _____) <input type="checkbox"/> Heritage Area <input type="checkbox"/> Scenic Byway Historic District: <input type="checkbox"/> City of Baltimore—CHAP (Name: _____) <input type="checkbox"/> National Register Individual Designation: <input type="checkbox"/> City of Baltimore—Landmark (Name: _____) <input type="checkbox"/> National Register Historic Rehabilitation Tax Credit Project: <input type="checkbox"/> City of Baltimore <input type="checkbox"/> State of Maryland <input type="checkbox"/> Federal
Environmental Information <input type="checkbox"/> Chesapeake Bay Critical Area <input type="checkbox"/> Wetland <input type="checkbox"/> Floodplain <input type="checkbox"/> Forest Conservation Easement

Name of staff member(s): _____

Date: _____

To be filled out during Pre-Development meeting:

Date of meeting: _____

Required Actions (check all that apply): <input type="checkbox"/> Subdivision (Number of parcels: _____) <input type="checkbox"/> Consolidation (Number of parcels: _____) <input type="checkbox"/> Traffic Impact Study <input type="checkbox"/> Critical Area Review <input type="checkbox"/> Forest Conservation <input type="checkbox"/> Floodplain <input type="checkbox"/> BMZA (Action: _____) <input type="checkbox"/> CHAP <input type="checkbox"/> UDARP <input type="checkbox"/> Planning Commission (Action: _____) <input type="checkbox"/> City Council Bill <input type="checkbox"/> Rezoning (to: _____) <input type="checkbox"/> Street or Alley Closure <input type="checkbox"/> URP <input type="checkbox"/> PUD <input type="checkbox"/> Conditional Use <input type="checkbox"/> Other: _____
Meeting outcomes <input type="checkbox"/> Declined to continue/No further action <input type="checkbox"/> Further analysis needed for resubmission <input type="checkbox"/> Straight to permit <input type="checkbox"/> Proceed with required actions

Notes/Comments:

cc: Division Chiefs
District Comprehensive Planner
LU&UD Planning Assistant